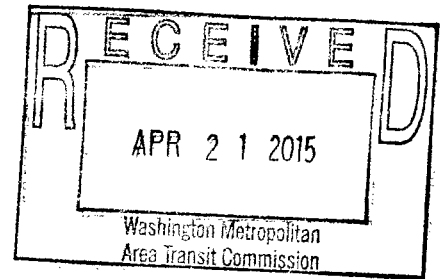


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

2359 Benaddi Trans Express LLC

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

14330 Southgate Court		Woodbridge	VA	22193-3420
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)				
(571) 409-8224			montasah@yahoo.com	
*Telephone	Other Telephone	Fax	E-mail	

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Ahmed Bennadi	Owner
*Name	*Title
(571) 409-8224	montasah@yahoo.com
*Telephone	E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Abderrezzak Errazi	(703) 989-4941	errazi15@icloud.com
Name of Registered Agent for Service of Process	Telephone	E-mail
5834 Oakview Gardens Drive, #822	Falls Church	VA
Agent Address (must be inside Metropolitan District)	Apt./Suite	City
		State
		Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2011	chevy suburban	1GNSKJE33BR292258	H518941	VA	7	NO

7. **\*CERTIFICATION:**

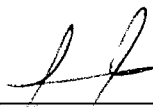
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

AHM ED BENADDI

\*Name (type or print)

Owner

\*Title (not required for sole proprietors)



\*Signature

04/21/15

\*Date